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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\*** *C.S.S*  
 This appln claims benefit of 60/224,566 08/10/2000 *yes*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *C.S.S*  
*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 03/15/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 9	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>C.S.S</i>	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS  
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TITLE  
 Switch with emulation client

FILING FEE  RECEIVED 1752	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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